Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

Open to Public Inspection

Form **990-EZ** (2011)

Α	For the	2011 calenda	ar year, or tax year beginning 10/1/2010 ,	2011, and ending	9/30	, 20 11		
В	Check if ap	pplicable:	C Name of organization		D Employer id	lentification number		
	Address o	change	ç	95 3860122				
	Name cha	ange	E Telephone n	Telephone number				
L	Initial retu		7657 Paso Robles Ave		81	18 618 6646		
H	Terminate Amended		City or town, state or country, and ZIP + 4	•	F Group Exe	emption		
Н	•	on pending	Van Nuys, CA 91406		Number I	· ·		
G		ting Method:		н	Check ► ✓	if the organization is not		
	Websit	-	greatoutdoors.org			ach Schedule B		
J	Tax-exen	(Form 990, 99	0-EZ, or 990-PF).					
K	Check >	▶ ☐ if the	e organization is not a section 509(a)(3) supporting organization or a s	ection 527 organization	on and its gros	s receipts are normally		
			0. A Form 990-EZ or Form 990 return is not required though Form 9		_			
			ses to file a return, be sure to file a complete return.					
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total assets	s (Part II,			
	line 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	}		
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund B	alances (see the	instructions	s for Part I.)		
		Check if	the organization used Schedule O to respond to any que	stion in this Part I				
	1		ns, gifts, grants, and similar amounts received			0		
	2	Program se	ervice revenue including government fees and contracts .		2	25590		
	3	Membersh	ip dues and assessments		3	7672		
	4	Investment	income		4	21		
	5a	Gross amo	unt from sale of assets other than inventory	5a				
	b	Less: cost	or other basis and sales expenses	5b				
	С		ss) from sale of assets other than inventory (Subtract line 5b	from line 5a)	5с			
	6	Gaming an	d fundraising events					
	а	Gross inc	ome from gaming (attach Schedule G if greater than					
Revenue	3	\$15,000) .		6a				
٥	b		me from fundraising events (not including \$	of contribution	ns			
ă	2		aising events reported on line 1) (attach Schedule G if the					
		sum of suc	h gross income and contributions exceeds \$15,000)	6b				
	С		t expenses from gaming and fundraising events	6c				
	d		e or (loss) from gaming and fundraising events (add lines	6a and 6b and sul	btract			
					· · 6d			
	7a	Gross sale	s of inventory, less returns and allowances	7a				
	b		of goods sold	7b				
	С		it or (loss) from sales of inventory (Subtract line 7b from line		7c			
	8		nue (describe in Schedule O)		8			
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			33283		
	10		I similar amounts paid (list in Schedule O)			50.00		
	11		aid to or for members			26970		
ď	12		ther compensation, and employee benefits			0		
Fynansas	13		al fees and other payments to independent contractors , rent, utilities, and maintenance		1000			
2	14			1209				
Ш	- .0	Printing, pu		2507				
	16		enses (describe in Schedule O)			2341		
_	17	Evenes and	enses. Add lines 10 through 16		. ► 17	33077		
4	18		or fund balances at beginning of year (from line 27, colun			206		
Net Assets			r figure reported on prior year's return)			74007		
	20	=	inges in net assets or fund balances (explain in Schedule O).			46882		
	21		or fund balances at end of year. Combine lines 18 through 2		20	45309		
		コスピー ほううごう	OF THIS PROPERTY OF THE PROPER	v		4:1.109		

Form 990-EZ (2011) Page 2 Balance Sheets. (see the instructions for Part II.) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . (A) Beginning of year (B) End of year 46882 22 22 Cash, savings, and investments 45309 23 23 Land and buildings 24 Other assets (describe in Schedule O) 24 25 25 Total assets 46882 45309 26 Total liabilities (describe in Schedule O) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 27 46882 45309 Part III Statement of Program Service Accomplishments (see the instructions for Part III.) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Social and Recreational outdoor activities 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. Held 97 events including camping trips, day hikes, backpacking, skiing, river rafting for approximately 455 members in 5 chapters in Southern California. 50.00 to AIDS Ride CA) If this amount includes foreign grants, check here 28a 29 29a (Grants \$) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Title and average compensation contributions to employee (e) Estimated amount of (a) Name and address hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Christopher Fava **Board Chair** 7687 Paso Robles Ave, Van Nuys, CA 91406 0 0 0 Richard Rice Financial Officer 7687 Paso Robles Ave, Van Nuys, CA 91406 0 0 0 George Lapole Secretary 7687 Paso Robles Ave, Van Nuys, CA 91406 0 0 0

Part	· · · · · · · · · · · · · · · · · · ·						
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this						
			Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34					
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V			
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		▼			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots$	36		1			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a						
b	Did the organization file Form 1120-POL for this year?	37b		✓			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓			
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-					
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9						
a b	Gross receipts, included on line 9, for public use of club facilities	1					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1					
	section 4911 ▶; section 4912 ▶; section 4955 ▶						
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit						
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			,			
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		✓			
С	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c						
	reimbursed by the organization						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	10					
41	List the states with which a copy of this return is filed. California	40e		✓			
42a		818 61	8 664				
	The organization's books are in care of ► Richard Rice Located at ► 7657 Paso Robles Ave, Van Nuys, CA ZIP + 4 ►		5-2142				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓			
	If "Yes," enter the name of the foreign country: ►						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1			
·	If "Yes," enter the name of the foreign country: ▶	120					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □			
			Yes	No			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V			
С	Did the organization receive any payments for indoor tanning services during the year?	44c		▼			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			i			
	explanation in Schedule O	44d		✓			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	4=:					
	I OHH 330-LL 1366 H3H UCHOH3)	45h	1				

Form 99	90-EZ (2	011)							Page 4		
								Yes	No		
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in opposi	tion				
		andidates for public office? If "Yes," o						6	✓		
Part		Section 501(c)(3) organizations					-				
		501(c)(3) organizations and section			trusts mu	ist answer qu	estions	47–49	∂b		
		and 52, and complete the tables									
		Check if the organization used Sch	nedule O to respond	I to any question in	n this Part	: VI			<u>. L</u>		
								Yes	s No		
47		ect during the	tax								
	year?		. 4	7							
48	Is the	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a	Did th	ne organization make any transfers to	o an exempt non-cha	ritable related orga	nization?		. 49)a			
b	If "Ye	es," was the related organization a se	ction 527 organizatio	on?			. 49	9b			
50	Com	omplete this table for the organization's five highest compensated employees (other than officers, directors, true									
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the org	ganization	. If there is non	e, enter	"None	,,		
			(b) Title and average	(c) Reportable		ealth benefits,					
	(a) N	ame and address of each employee paid more than \$100,000	hours per week	compensation	contributions to employed benefit plans, and deferre		(e) Estim	ated amo			
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS		mpensation	Other	ompens	alion		
			* • • • • • • • • • • • • • • • • • • •								
f		number of other employees paid over				_					
51		olete this table for the organization!			nt contrac	ctors who each	n receiv	ed mor	e thai		
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter inone.							
(a)	Name a	nd address of each independent contractor pai	id more than \$100,000	(b) Type of s	(c)	(c) Compensation					
				_							
				_							
				_							
				1							
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶						
52	Did th	ne organization complete Schedule A	? Note: All section 5	01(c)(3) organization	ns and 49	47(a)(1)					
	none	xempt charitable trusts must attach a	a completed Schedul	e A			► 🗌 Y	es 🗌	No		
Under p	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and state	ements, and t	to the best of my ki	nowledge	and belie	ef, it is		
true, cor	rrect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepar	er has any kr	nowledge.					
	<u> </u>										
Sign		Signature of officer				Date					
Here		\									
	Type or print name and title										
Do:-1	I	Print/Type preparer's name	Preparer's signature		Date		l if PTI	N			
Paid	oro						yed				
Prep		Firm's name ▶	1		Firm's EIN ▶						
Use (Unly	Firm's address ►				Phone no.					
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions			▶ □ Y	es 🗆	No		

TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM	
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199

201	0 An	nual Ir	formation	Ret	urn							19	99	
Calendar \			nning month 10	day		ar <u>2010</u>	_, and en	ding month 9	day_	30	_year_	2011		
A First Retu	urn Filed?	Yes	B Type of organiz Exempt under		701 (insert letter)		COI	RP#					
		✓No	IRC Section 49			insert letter)	'	1	0	6	1 ,	2	8 ,	9
	Organization Na							FEII	N					
	DRNIA GRE	AT OUTDO	OORS INC					9	5 - 3	, 8	6 (0 1	_ 2 _	2
Address														
	ASO ROBLI	ES AVE						lou	710.4					
City	IVO							Stat						
VAN NU						H Account		used (1) 🗹 Cash (2	CA 914					
(a) Is this (b) If "Ye (c) Are al (If "No (d) Is this group (e) Feder (f) Is a ro Final retur M If a box is F Check the (1) Tight organization G If organization	s a group filing for s," enter the numb II affiliates included o," attach a list. Set s a separate return or ruling?	affiliates? See Ge er of affiliates? ?	owing federal forms or s	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	/es □No /es ☑No 501(c) /es □No	in any pr (3) made If "Yes," 23701d J Did the conceptor complete K Is the or If "Yes," L Is the or a prior y M Is the or N Did the conceptor If the conceptor I	olitical campe an election complete an Organization organization ation, or byle an explana ganization e enter amou ganization uear?	TC Section 23701d, h paign or (2) attempted a under R&TC Section and attach form FTB 38 ashave any changes in laws that have not be attion and attach copie exempt under R&TC S ant of gross receipts for ander audit by the IRS	to influence 23704.5 (re 23704.5 (re 23704.5 (re 23704.5 (re 23705)) tits activities on reported sof revised ection 2370 from nonmer or has the learning and th	e legislate lating to lor Legion, govern to the Fr docume 1g?nber sou RS audi	tion or any tion or any to lobbying slative Ac ting instru tranchise T ents truces \$ ted in the ble	y ballot m y by public tivities by ment, arti ax Board?	easure, c charities Section Yes vcles of P If "Yes, Yes vcles vcles of P If "Yes, Yes vcles v	or es)? No No No No
			fee is required											
			uired to file this for			tructions E	3 and C.							
Receipts and Revenues	 2 Gross dues 3 Gross control 4 Total gross This line m 5 Cost of good 6 Cost or oth 	and assessmentibutions, gifts receipts for fill ust be completed sold er basis, and s	om other sources. Firents from members, grants, and similar ing requirement test eted. If the result is ales expenses of assible time 6.	and affilia amounts . Add line ess than s 	tes received. 1 through \$25,000, s	iline 3. see General	Instruction 5 6	on B.	000	_		7	5,611 7,672 3,283	00
	8 Total gross	income. Subt	act line 7 from line	<u>1</u>					•	8			3,283	$\overline{}$
Expenses			rsements. From Side							9		33	3,077	_
		•	penses and disburs							10			206	
	•		General Instruction							11			25	00
i iiiiig			e General Instruction							12			65	00
			ruction K							14			- 00	00
			, line 13, and line 14						_	15			90	00
Sign Here	Under penaltie	s of perjury, I de	hare that I have examin claration of preparer (ot	ed this retu	ırn, includinç xpayer) is ba Title	g accompany	ring schedul formation o	les and statements, a f which preparer has Date	and to the band to	est of medge. Telepho			pelief, it	
	Dua :				•	Date		Check if self-	•		er's PTIN			
Paid Preparer's Use Only	Preparer's signature Firm's name (if self-employe and address							employed ▶	•	FEIN Telepho	one			_
										()			
	May the FTE	B discuss this	return with the pre	parer sho	own above	e? See inst	tructions		•	□ Yes	□No			

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

		1	Gross sales or receipts from all business a	ctivities. See instructions		1	25,59	00 0		
		2	Interest		2	1 00				
Dar	ointo	3	Dividends			00				
froi	eipts n	4	Gross rents			4		00		
Oth	er		Gross royalties			00				
Sou	rces		Gross amount received from sale of assets					00		
			Other income. Attach schedule			00				
		8	Total gross sales or receipts from other so		05.04	1 00				
		_	Enter here and on Side 1, Part I, line 1				25,61			
		ı	Contributions, gifts, grants, and similar am		26,97					
		ı	Disbursements to or for members			0 00				
		l	Compensation of officers, directors, and tru			0 00				
	enses	l	Other salaries and wages			00				
and Dis	burse-	ı	Interest					00		
me			Rents				1,20			
		_	Depreciation and depletion (See instruction				1,20	00		
			Other. Attach schedule				4,84			
			Total expenses and disbursements. Add lin				33,07			
Sc	hedu				f taxable year		taxable year			
Ass			E Bulunoc onocis	(a)	(b)	(c)	(d)			
				(u)	46,882	(0)		,309		
			nts receivable		,		•	,		
3	Net no	tes	receivable. Attach schedule				•			
4	Invent	orie	s				•			
			nd state government obligations				•			
6	Invest	men	nts in other bonds. Attach schedule				•			
7	Invest	men	nts in stock. Attach schedule				•			
8	Mortg	age	loans (number of loans)				•			
9	Other	inve	stments. Attach schedule				•			
10	a Dep	recia	able assets							
	b Less	aco	cumulated depreciation (())			
							•			
12	Other	asse	ets. Attach schedule				•			
			ts		46,882		45	,309		
			l net worth				_			
			payable				•			
			ons, gifts, or grants payable				•			
			d notes payable. Attach schedule				•			
			s payablel ilities. Attach schedule				-			
			ock or principle fund				•			
19 20			capital surplus. Attach reconciliation							
			earnings or income fund							
			ities and net worth		46,882		45	,309		
	hedu		M-1 Reconciliation of income per books	with income per return				,		
			Do not complete this schedule if the	amount on Schedule L, lir	ne 13, column (d), is less t	han \$25,000				
1	Net in	com	ne per books	• (1,573)	7 Income recorded on	books this year				
2			come tax	•	not included in this r					
3	Exces	s of	capital losses over capital gains	•	Attach schedule		•			
4	Incom	ie no	ot recorded on books this	turn not charged						
	year. A	Attac	ch schedule	this year.						
5	Expen	ses	recorded on books this year not		1		•			
		ted	in this return. Attach schedule	•	9 Total. Add line 7 and 10 Net income per retur					
6	Total.		through line 5							
	Add li	line 6	(1,	<u>573</u>)						